

Washington State
Department of Social & Health Services
Health & Recovery Services Administration
Medical Assistance



Types of Medical Programs



	SFY05 Forecast & Eligibility Policy Change		
	Eligibles	Forecasted Costs	State/H.S.A.
Medicaid Categorically Needy (CN)	811,699	\$2,690,031,000	\$1,334,350,000
Medicaid Medically Needy (MN)	17,893	\$141,085,000	\$70,354,000
Medical Care Services (MCS)	14,951	\$72,836,000	\$72,085,000
Refugee Assistance	867	\$2,334,000	\$0
State Children's Health Insurance Program (SCHIP)	13,545	\$13,676,000	\$4,814,000
Children's Health Program (to be implemented Jan 06)	-	1	1
	858,955	\$2,919,962,000	\$1,481,603,000

Does not include DSH, IGT, Medicare Premiums, Indian Health, Family Planning and FQHC enhancements.





- Medicaid Categorically Needy (CN)
 - CN programs provide broadest scope of medical coverage
 - Eligible persons might also receive cash benefits under Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF) programs
 - CN includes full scope of coverage for children & pregnant women
 - CN clients may be in mandatory or optional populations, depending on their income level
 - Federal government covers 50% of expenditures





- Medicaid Medically Needy (MN)
 - MN programs are "optional" under federal guidelines
 - MN clients must be aged, blind, disabled, children, pregnant, or refugees with income and/or resources above CN limits
 - MN provides slightly less medical coverage than CN, but greater financial participation by the client
 - Federal government covers 50% of expenditures





- Provides medical coverage to...
 - General Assistance clients
 - Over age 18
 - Unemployable due to a disability that is expected to last longer than 90 days
 - Alcohol & Drug Abuse Treatment Support Act (ADATSA) clients
 - Awaiting or in treatment for alcohol or substance abuse
 - Income/resource limits are same as CN programs
- Federal government covers <u>no</u> expenditures (State-funded only)

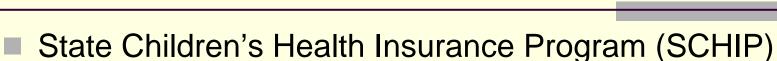






- Refugee Assistance
 - <u>Federally-mandated</u> for persons who qualify as refugees under federal rules
 - Coverage limited to eight months
 - Federal government covers 100% of expenditures





- Similar to Medicaid, except...
 - Coverage only to children in families with incomes between 200 & 250 percent of Federal Poverty Level (FPL)
 - Medicaid eligibility requires income to fall below 200 percent of FPL
 - Authorized under Title 21 of the Social Security Act
 - Medicaid authorized under Title 19
 - State receives a higher federal match (65%)
 - Federal participation is only 50% under Medicaid
 - Families required to pay premiums of \$15 per month, per child... maximum 3 premiums (\$45) per household
 - Medicaid requires no premiums for children

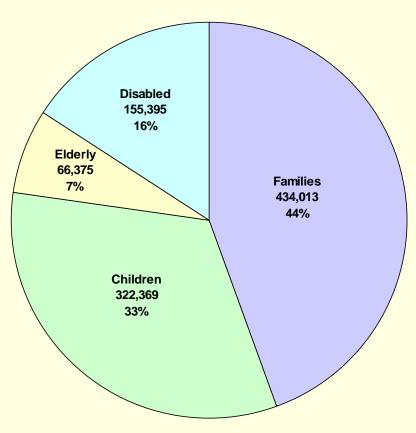




- Children's Health Program (CHP)
 - Coverage only to children...
 - Under age 19
 - Family income below 100 percent of Federal Poverty level (FPL)
 - Deemed ineligible for Medicaid due to citizenship status
 - Federal government will cover <u>no</u> expenditures (Statefunded only)
 - The program is scheduled to resume January 1, 2006









Medical Service Coverage



- "What medical services are covered?"
 - Medicaid covers broad range of services with nominal cost sharing due to limited financial resources of clients
 - Federally-mandated services include
 - Inpatient & outpatient hospital treatment
 - Physician, midwife, & certified nurse practitioner
 - Laboratory & X-Ray
 - Nursing home & home health care
 - Early & periodic screening diagnosis & treatment (EPSDT) for children under age 21
 - Rural health clinics/Federal qualified health centers (FQHC)



Medical Service Coverage

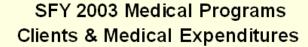


- "What medical services are covered?" (continued)
 - States can opt to cover additional services & still have Federal government cover 50% of expenditures
 - Commonly offered services include
 - Prescription drugs
 - Clinic services
 - Prosthetic devices
 - Hearing aids
 - Dental care
 - The federal requirements generally have higher coverage standards for children
 - e.g. Dental care is optional for adults but it is mandated for children under EPSDT requirements

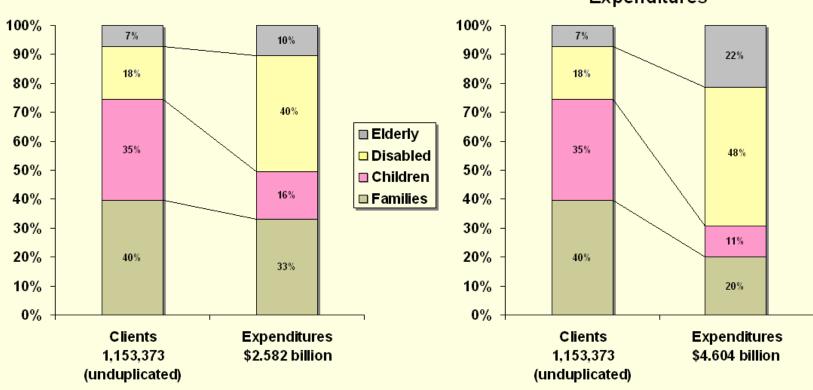


Medical Service Coverage





SFY 2003 Medical Programs Clients & Total Medical, Behavioral Health & Long-Term Care Expenditures



Source: Research & Data Analysis Client Services Database / Office of Financial Management Eligibility File



Service Delivery Methods



- Two types of methods that are used to deliver medical services
 - Fee-for-Service
 - State acts as the insurer
 - State pays the medical providers for services they provide to clients
 - Managed Care
 - State pays the other organization a monthly premium
 - That organization pays medical providers for services they provide to clients

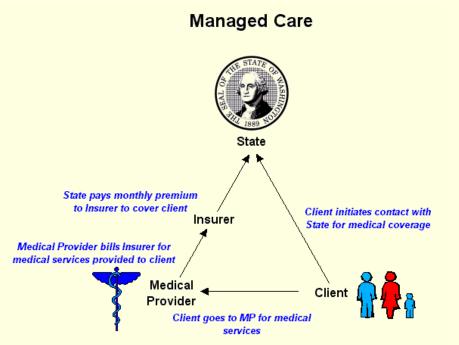


Service Delivery Methods



Side-by-Side Comparison

Medical Provider bills State for medical services provided to client Medical Provider Client Client initiates contact with State for medical coverage Client goes to Medical Provider for medical services





Service Delivery Methods



